



DEPARTMENT OF THE NAVY

NAVAL SCHOOL OF HEALTH SCIENCES
BETHESDA, MARYLAND 20889-5611

IN REPLY REFER TO:

NSHSBETHINST 1740.2B

02

OCT 3 1997

NSHS BETHESDA INSTRUCTION 1740.2B

From: Commanding Officer

Subj: NAVY FAMILY CARE POLICY

Ref: (a) OPNAVINST 1740.4

Encl: (1) Department of the Navy Family Care Plan
Certificate (NAVPERS 1740/6)
(2) Family Care Plan Arrangements (NAVPERS 1740/7)
(3) Flowchart

1. **Purpose.** To establish the Family Care Plan Program at the Naval School of Health Sciences (NSHS) and to promulgate procedural requirements that will assist members to formulate workable family care plans.

2. **Cancellation.** NSHSBETHINST 1740.2A

3. **Background.** Reference (a) provides guidance and establishes minimum standards for family care planning for single parents and dual military couples with family members. The nature of naval service dictates that members must be able to fully execute their military duties. For single parents and dual military couples with family members, the ability to meet this requirement relates directly to the degree of prior family care planning. Commanding Officers may separate members who are unable or refuse to maintain an updated Family Care Plan, do not remain world-wide assignable, or are unable to perform their professional and military duties.

4. **Applicability.** This instruction applies to all personnel assigned to NSHS, both single sponsors and dual military couples, who have custodial responsibility for family members.

5. **Definitions.** The following definitions apply to this instruction.

a. **Single Parent.** A member who has no spouse, who is separated, divorced, widowed, or otherwise apart from his/her spouse in excess of 60 days, and has physical custody of children under 19 years of age or disabled dependents of any age for whom the member bears full medical, legal or logistical (housing, food, transportation, clothing) responsibility.

b. Dual Military Couple with Dependents. Active duty or Reserve component members married to each other who have joint responsibility and physical custody for the care of children under 19 years of age or family members for whom the member(s) bears medical, legal, financial, or logistical responsibility.

c. Family Care Plan. A document that outlines on Service-specific forms the person(s) who shall provide care for the member's children or other family members that rely solely upon the member for financial, medical, and logistical support in the absence of the member due to military duty (training exercises, temporary duty, deployments, etc.). The plan outlines the legal, medical, logistical, educational, monetary, and religious arrangements for the care of the member's family. The plan must include all reasonably foreseeable situations and be sufficiently detailed and systematic to provide for a smooth, rapid transfer of responsibilities to the designated caregiver in the absence of the member.

d. Caregiver. An individual who is not a member of the Armed Forces or a member of a Reserve component, is at least 21 years of age, and is capable of self-care and care of children or other family members. This individual must agree in writing to care for one or more family members during the member's absence for indefinite periods to ensure the member is available for world-wide duty.

6. Action

a. Single parents and dual military couples with family members, as per reference (a) shall:

(1) Develop a workable Family Care Plan;

(2) Complete and keep on file with the Head, Administrative Support Department a current Family Care Plan Certificate (NAVPERS 1740/6) and a Family Care Plan Arrangements (NAVPERS 1740/7), enclosures (1) and (2) respectively;

(3) Complete NAVPERS 1740/6 and NAVPERS 1740/7 within sixty days of reporting to the command. Verification of the Family Care Plan will take place annually, prior to enlistment or extension of obligated service, prior to executing PCS orders, and prior to affiliation, enlistment, or reenlistment in the Selected Reserve.

b. The Head, Administrative Support Department shall:

(1) Function as the Family Care Plan Coordinator. The coordinator's primary responsibility is to manage the NSHS Family Care Plan Program, thus ensuring that single parents and dual military couples with family members comply with the policies and procedures set forth in reference (a).

(2) Following the guidelines set forth in reference (a), conduct counseling with single parents and dual military couples with family members in order to provide information and points of contact (e.g. Family Service Center) that may aid in formulating a workable family care plan.



J. B. CAFFEY

Distribution:
List II

DEPARTMENT OF THE NAVY
FAMILY CARE PLAN CERTIFICATE

PRIVACY ACT ADVISEMENT

AUTHORITY: 44 U.S.C. Section 3101; 5 U.S.C. Section 301; 10 U.S.C. Sections 133 and 5031; and E.O. 9397.

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements and to ensure the member is world-wide assignable. The information which will be solicited is intended principally for the following purposes: (a) The personal information will facilitate combat readiness and document a plan for the care of your family members in the event of a medium or long term absence; (b) it will be used to evaluate compliance with the DOD and Navy program requiring Family Care Plans.

ROUTINE USES: To designate persons who will accept dependent care responsibility and to contact those persons to verify their willingness to act for the member in this capacity, and to advise the designee(s) when they are expected to discharge these responsibilities. The information may also be used to determine overseas suitability, conduct authorized investigations, and other lawful purposes.

DISCLOSURE IS VOLUNTARY: Disclosure of information concerning family members, their caregivers, and the personal arrangements surrounding the care of family members is voluntary. However, refusal to provide the requested information may result in the member failing to meet Navy obligations.

PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.	Initials
2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.	
3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.	
4. I understand that I am subject to deployments on short notice and that I will not be guaranteed special privileges because I have dependents.	
5. My normal working hours are _____. I have made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless excused by my commanding officer.	
6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.	
7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 30 (60 days for Ready Reserve) of any change in my family or Caregiver status.	
8. All of my dependents are 19 years or older and capable of self-care.	
9. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents to the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.	
10. In the event of my death or incapacity, _____ (name, address, telephone number) has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first.	
11. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.	

TYPED OR PRINTED NAME, GRADE/RATE, & SSN	SIGNATURE	DATE
	Encl (1)	

FAMILY CARE PLAN ARRANGEMENTS		
<p>1. <u>Financial</u> - (Describe how you will provide support for your family members while they are under someone else's care. This may include an allotment, powers of attorney or bank accounts and access.)</p>		
<p>2. <u>Logistical</u> - (Describe how your family members will get to the designated caregiver. This is especially important if geographically separated. Describe how financial support necessary to effect transportation will be provided. Also discuss provisions for minor children if they have to travel to a caregiver and cannot go unaccompanied. Include any details concerning care of your home, school arrangements for children, points of contact for your caregiver in case of emergency, and use of government services, specifically, what directions have you given for access to the exchange, commissary, recreation, etc. Include all other arrangements that pertain to your situation). Don't forget to provide all prospective caregivers names to your child's school or day care center as persons authorized to pick-up child(ren) (this is particularly important in the event of your death or incapacity while the child(ren) is at school/day care.)</p>		
<p>3. <u>Medical</u> - (Explain where your family member is to go for routine and emergency medical treatment. Does your caregiver know where medical/immunization records are? Do they have names and addresses of medical providers? Have you discussed with your caregiver any medical conditions or allergies that your family members have? Any special directions in case of a medical emergency? Don't forget special powers of attorney (SPOA) for medical treatment. A separate SPOA for medical treatment is not necessary if the Sample POA for Family Care Plan (enclosure (2)) is utilized.)</p>		
<p>4. <u>Legal</u> - (Provide name, address and telephone number of your attorney (if you have one); any legal documents your caregiver should have copies of such as your will, insurance policies, family members military ID cards and your social security number. Also discuss what you have told your caregiver to do in the event they are no longer able to care for your family members. Who is your alternate caregiver? Add any other legal information that would be necessary.)</p>		
TYPED OR PRINTED NAME OF MEMBER	SIGNATURE OF MEMBER	DATE

Enc1 (2)

FAMILY CARE PLAN FLOW CHART

